



DEPARTMENT OF CORRECTIONS

NURSE'S CHRONIC CARE CLINIC SEIZURES

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
3-4-04	1155	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES <i>N/A</i>
		O: VS: T-98 P-92 R-16			
		Wt-135 lbs 122/158			
		AGE OF ONSET: 9 y.o. 1995			P: LABS LEVELS NEEDED:
		POSSIBLE ETIOLOGY	3/4/04		CBC
		HEAD TRAUMA <input checked="" type="radio"/> Y <input type="radio"/> N			Phenobarbital level 2
		DRUG RELATED <input type="radio"/> Y <input checked="" type="radio"/> N			Tyretal level 6.1
		TYPE OF SEIZURES: possible Jacksonian			
					ORDERS:
		FREQUENCY OF SEIZURES: Varied			
		REVIEW OF DIAGNOSTIC STUDIES			
		Children Hosp. B'ham <input checked="" type="radio"/> Y <input type="radio"/> N			
		CT SCAN			
		MRI <input checked="" type="radio"/> Y <input type="radio"/> N			
		EEG <input checked="" type="radio"/> Y <input type="radio"/> N			MEDICATION:
		PERScription COMPLIANCY <input checked="" type="radio"/> Y <input type="radio"/> N			Phenobarbital
		ANTICONVULSANT DRUG LEVELS ORDERED <input checked="" type="radio"/> Y <input type="radio"/> N			10mg i Bid
		DATE: 3-4-04			Tyretal 400mg
		WITH IN THERAPUTIC RANGE <input checked="" type="radio"/> Y <input type="radio"/> N			Bid.
		HAS PATIENT BEEN IN THE INFIRMARY/HOSPITAL			F/U CCC WITH IN 30 DAYS BY THE NURSE
		SINCE LAST CCC <input checked="" type="radio"/> Y <input type="radio"/> N			F/U CCC WITH IN 90 DAYS BY THE DOCTOR
		<i>Discontinue</i>			
		EDUCATION DONE <input checked="" type="radio"/> Y <input type="radio"/> N			
		A: SEIZURE ACTIVITY:			SIGNATURE <i>ML Christina</i>
		CONTROLLED <input checked="" type="radio"/> UNCONTROLLED <input type="radio"/>			

INMATE NAME (LAST, FIRST, MIDDLE)

Hampton, Randal

DATE OF BIRTH

10/5/83

AGE

20

RACE/SEX

BM

ID#

226420



DEPARTMENT OF CORRECTIONS

PHYSICIAN'S CHRONIC CARE CLINIC SEIZURES

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
3/8/09		S: 90 DAY CHRONIC CARE CLINIC			ALLERGIES: <i>NKA</i>
		O: VS: T <i>98</i> P <i>80</i> R <i>16</i>			
		Bp <i>120/80</i> Wt <i>155</i>			
		REVIEW OF NURSES CCC RECORDS <i>(Y)</i> N			P: LABS REVIEWED: <i>1/3</i>
		NOTES:			CBC YEARLY
		<i>PT is complicated</i>			DILANTIN LEVEL YEARLY
		<i>& new episode</i>			TEGRETOL LEVEL EVERY YEAR
					UNLESS PROBLEMS
					ORDERS:
		NEUROLOGICAL EXAM:			<i>add to the</i>
		EYE NYSTAGMUS <i>(Y)</i> N			<i>complicate</i>
		REFLEXES: <i>+</i>			<i>meds</i>
		ATAXIA <i>(Y)</i> N			
		PUPIL SIZE NORM <i>(Y)</i> N			
		ANY ADDED INFORMATION <i>(Y)</i> N			MEDICATION:
		NOTES:			<i>Phenobarbital 60mg</i>
					<i>T Bid</i>
		GENERAL EXAM:			<i>Tegretol 200mg Taw</i>
		<i>neck spine</i>			<i>Tablets Bid</i>
		<i>arms ne</i>			F/U CCC WITH IN 30 DAYS
		<i>upper</i>			BY THE NURSE/DOCTOR
		<i>pharynx</i>			<i>[Signature]</i>
		<i>extrem</i>			<i>3/8/09</i>
		<i>neck non focal</i>			
		A: SEIZURE ACTIVITY:			
		CONTROLLED / UNCONTROLLED			

INMATE NAME (LAST, FIRST, MIDDLE)

Hampton, Randal

DATE OF BIRTH

10-15-83

AGE

RACE/SEX

B M

ID#

226420

TechCare**Seizure Chronic Care Appointment**

7/9/2003

Name **HAMPTON,RANDELL**DOC # **226420**Birth Date **10/15/1983**Appointment Date **7/9/2003****Subjective Data**

Frequency Of Seizures	~2WKS AGO
Aura (Describe)	DIZZY/WEAK
Body Movements	JERK
L.O.C.	YES
Incontinence	NO
Post Ictal	~20-30MIN
Interview Witness:	
Staggering Or Dizziness	NO

Nursing Exam

Pulse	84
Blood Pressure	112/80
Temperature	97.8
Gait	STEADY
Nystagmus	NO
Alertness	AO*3

Lab Test Results

E.E.G.	N/ORDERED
C.T.	N/ORDERED
Drug Level (Specify)	DIL

Medications

Medication Compliance	COMP
Date Medication Ordered	YES
Education & Counseling	YES

Doctor Exam

Nystagmus	PERMD
Gait	
Focal Neuro Deficit	

Monthly Activities

Date: May / 27 / 2005

Inmate Name: Randall Hampton AIS# 226420

Was offered the following recreational activities during the month of

Gospel, Book Club, Creative Writing, Reality Orientation, Music Therapy, Movies, Therapeutic Animation, Schizophrenia, (ADL), Social Activities, Effective Communication, Med Education, Primary Social Skills, Therapeutic Art (Puzzles), Anger Management, Self Expression, Western, Conflict Resolution, Depression, Anger/Stress, (Current Events), Sleep, Concept, Open Recreation, Mental Stimulation, Bingo, Mental Health Education.

His level of participation was generally (~~active/marginal~~/reluctant/resistant/refused) to participant in the previously mentioned group(s). This is (~~consistent~~/inconsistent) with his use of recreational services to date. Affect was generally (~~angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad~~). Mood appeared (~~angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent~~). Hygiene was (~~good/WNL/poor~~). Inmate was generally (~~on time/late~~). General appearance was (~~neat/WNL/disheveled/shabby~~). Speech was generally (~~clear/mumbling/slurred/unintelligible~~). Interpersonal interactions were generally (~~relevant/irrelevant/insightful/superficial/confrontational/indifferent/no interaction~~).

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation (~~will be/has been~~) communicated to his treatment team.

Signature

Andrew D. Lane, D.S.

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Randall Hampton AIS#: 22 64 20
Institution: Bollock CF Date of Disciplinary Report: _____

Is the inmate currently on the mental health caseload? ☐ Yes ☐ No
If Yes, referred for mental health evaluation/consultation on: _____

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is? Does the inmate know what date it is? Does inmate know why he is seeing hearing officer?
Is the inmate appropriately dressed? Is inmate able to speak coherently? Does the inmate avoid eye contact?
Does the inmate make sense? Are the inmate's statements logical and organized or unusual?

Should the inmate be referred for mental health evaluation of competency? ☐ Yes ☐ No
If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: 3-8-05 Date consult returned: 3-8-05

Is the inmate competent to participate in the hearing? ☒ Yes ☐ No
If NO, why is the inmate not competent?

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge? Yes ☒ No
If YES, briefly describe the issues:

Are there mental health issues to be considered regarding disposition if inmate found guilty? Yes ☒ No
If YES, briefly describe the issues and possible relation to the disposition:

Does mental health staff want to be present at the disciplinary hearing to provide input? Yes ☒ No
Mental Health Staff Member: Mike Hamer Phone Contact: 132

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing? Yes ☐ No ☐
Have the mental health recommendations been considered? Yes ☐ No ☐

Hearing Officer: _____ Date: _____

Inmate Name	AIS #
-------------	-------

I talked with S in the seg unit. His thinking was clear. He can go to disciplinary court
Pike & Perry reg matter Mike Hamer with

Monthly Activities

Date: Feb / 14 / 2005

Inmate Name: Randall Hampton AIS# 226420

Was offered the following recreational activities during the month of:

Gospel, Book Club, Creative Writing, Reality Orientation, Music Therapy, Movies, Therapeutic Animation, Schizophrenia, ADL, Social Activities, Effective Communication, Med Education, Primary Social Skills, Therapeutic Art (Puzzles), Anger Management, Self Expression, Western, Conflict Resolution, Depression, Anger/Stress, Current Events, Sleep, Concept, Open Recreation, Mental Stimulation, Bingo, Mental Health Education.

His level of participation was generally (~~active~~/marginal/reluctant/resistant/refused) to participant in the previously mentioned group(s). This is (~~consistent~~/inconsistent) with his use of recreational services to date. Affect was generally (~~angry~~/hostile/~~animated~~/blunt/euthymic/flat/inappropriate/neutral/sad). Mood appeared (~~angry~~/sad/~~neutral~~/euthymic/depressed/surly/belligerent/indifferent). Hygiene was (good/~~WNL~~/poor). Inmate was generally (~~on time~~/late). General appearance was (~~neat~~/~~WNL~~/disheveled/shabby). Speech was generally (~~clear~~/mumbling/slurred/unintelligible). Interpersonal interactions were generally (~~relevant~~/irrelevant/insightful/superficial/confrontational/indifferent/no interaction).

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation (~~will be~~/has been) communicated to his treatment team.

Signature

J. Bong

II DISCIPLINARY PROGRESS N

DATE	TIME	NOTES	SIGNATURE
2.11.05		<p>⑤ "I'm real good. I will never get in trouble again. I've had it to trouble"</p> <p>⑥ Less of problems ① Voice remain in remission ② Focus much better —</p> <p>④ Stable — Compliant —</p> <p>③ Will continue to follow —</p>	
2-14-05		Mental Health Disciplinary File — Perry/Mike Haynes	Dr. EEC
2/28/05		<p>⑤ In sex — Many Complaint</p> <p>⑥ Less of problems — Voice are correct by patient report ② Focus not good —</p> <p>④ Non Compliant to tx effects</p> <p>③ Will continue to follow —</p>	Dr. EEC
3.15.05		<p>⑤ "Things are good"</p> <p>⑥ Orient to x4 sphm / Poor insight</p> <p>④ R of prob — ① Voice remain in remission ② Focus somewhat better —</p> <p>③ Will continue to follow —</p>	Dr. EEC
3-24-05		Mental Health Disciplinary File, S is competent to participate in hearing. — Perry/Mike Haynes	Dr. EEC
3/31/05		<p>⑤ "So you're gonna be my new counselor. I guess I can deal w/ that, they denied hall ① 21 y old BM - Rational, coherent, adequate concentration okay ② Stable ③ 4 Jukes</p>	Dr. EEC

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	21	B/M	BCCF

Monthly Activities

Date: Feb / 11 / 2005

Inmate Name: Randall Hampton AIS# 226420

Was offered the following recreational activities during the month of:

Gospel, Book Club, Creative Writing, Reality Orientation, Music Therapy, Movies, Therapeutic Animation, Schizophrenia, ADL, Social Activities, Effective Communication, Med Education, Primary Social Skills, Therapeutic Art (Puzzles), Anger Management, Self Expression, Western, Conflict Resolution, Depression, Anger/Stress, Current Events, Sleep, Concept, Open Recreation, Mental Stimulation, Bingo, Mental Health Education.

His level of participation was generally (~~active~~/marginal/reluctant/resistant/refused) to participant in the previously mentioned group(s). This is (~~consistent~~/inconsistent) with his use of recreational services to date. Affect was generally (~~angry~~/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad). Mood appeared (~~angry~~/sad/neutral/euthymic/depressed/surly/belligerent/indifferent). Hygiene was (good/WNL/poor). Inmate was generally (~~on time~~/late). General appearance was (~~neat~~/WNL/disheveled/shabby). Speech was generally (~~clear~~/mumbling/slurred/unintelligible). Interpersonal interactions were generally (~~relevant~~/irrelevant/insightful/superficial/confrontational/indifferent/no interaction).

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation (~~will be~~/has been) communicated to his treatment team.

K. Bury
Signature

Monthly Activities

Date: 1.20.05

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,
Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,
Understanding Your Treatment Plans, Grief, World News, Reading,
Primary Social Skills, Social Skills, Effective Communication,
Gospel/80's, Open Recreation, Mental Stimulation, Bingo.

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

Signature



2ND 1-30

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: RANDALL Hampton AIS#: 01226420Institution: Bullock Date of Disciplinary Report: 1-29-05

56 Failure to obey a direct order of a DOC official
Is the inmate currently on the mental health caseload? ☒ Yes ☐ No

If Yes, referred for mental health evaluation/consultation on: _____

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?
Is the inmate appropriately dressed?
Does the inmate make sense?

Does the inmate know what date it is? Does inmate know why he is seeing hearing officer?
Is inmate able to speak coherently? Does the inmate avoid eye contact?
Are the inmate's statements logical and organized or unusual?

Should the inmate be referred for mental health evaluation of competency? Yes ☐ No ☐

-- If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: 2-9-05Date consult returned: 2-9-05

Is the inmate competent to participate in the hearing?

If NO, why is the inmate not competent?

Yes ☐ No ☒

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?

If YES, briefly describe the issues:

Yes ☐ No ☒

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?

If YES, briefly describe the issues and possible relation to the disposition:

Yes ☐ No ☒

Does mental health staff want to be present at the disciplinary hearing to provide input?

Yes ☐ No ☒Mental Health Staff Member: Mike Hamms Phone Contact: 132

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?

Yes ☐ No ☐

Have the mental health recommendations been considered?

Yes ☐ No ☐

Hearing Officer: _____ Date: _____

Inmate Name	AIS #
-------------	-------

ALDOC Form 466-01

5 of 5

AR 466 - December 11, 2001

I was reviewed in the MH staff meeting, He was interviewed by me in my office. He can give a coherent explanation of his side of the story. He can go to disciplinary court.

Date: 1-29-05

Log: MHTM

Mike Hamms #11

IN DISCIPLINARY PROGRESS NC

DATE	TIME	NOTES	SIGNATURE
1-25-05		<p>① "In day real good - In Hanging out of trouble - Joe had it with trouble -</p> <p>② Review of problems - ① Vain are currently in remission ② Anxiety is much better Many good progress</p> <p>③ Stable - Compliant</p> <p>④ will continue to follow -</p>	P.E.C.
1-29-05			
1/31/05		<p>5) PT Was Bury his head in pain I was placed in HCU & GIVE 10mg of 100</p> <p>① He is essentially an impulsive child Disorder & ASPD - Was FRUSTRATED + says he got out - (needs more help than restriction, Takes meds of 6 seizures.</p> <p>A) ASPD Axis II in pm Impulsive Child Disorder</p> <p>P) Seizure Disorder</p> <p>P) Release of HCU - PT. code.</p>	
		MHM Correctional Services Dr. Bill Sanders	
1/31/05	1130 AM	<p>S - Inmate Complained of prob being locked</p> <p>O - Inmate alert & polite & SERS</p> <p>A - Stable</p> <p>P - Administered Benadryl 50mg IM Rt gluteal muscle & Stringe &</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	21	B/m	BCCF

DATE	TIME	NOTES	SIGNATURE
12/20/04		Mental Health Disciplinary File	Mike Haynes
12.21.04		<p>⑤ "My mind down me crazy"</p> <p>⑥ Report of problem ① Attention seeking behavior - Patient is constantly trying to get his way + attention by acting out in Nap ways with head</p> <p>④ Not ever stable - unpredictable behavior -</p> <p>③ will follow closely - AEEC</p>	
12.27.04		<p>⑤ "I'm finished with that crap" (Behavior if all on floor)</p> <p>⑥ Report on problem - "I aint got no problem at all. I'll just do my time."</p> <p>④ Better than before - calm and sounds good</p> <p>③ will continue to follow - AEEC</p>	
12/28/04	1700	<p>⑤ the medicine helps me some, I can't think sometimes.</p> <p>⑥ to fill call in form, above statement was made. Peer eye contact. Smiles polite. Compliant needs</p> <p>④ Stable</p> <p>③ Continue to press M/H P low + continue to closely monitor if more behavior pattern. 1/5 GPCU</p>	
1-13-05		<p>⑤ "In better" - "I'm not coming back to seg."</p> <p>⑥ Report of problem ① Patient says voice are not as bad as in the past. "I take my medicine" ② Patient says he's always full of anxiety -</p> <p>④ Stable compared to past</p> <p>③ will continue to follow - AEEC</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420			BCCF

IN DISCIPLINARY PROGRESS NC

DATE	TIME	NOTES	SIGNATURE
10/19/04		S. Spoke with inmate about signing up or joining Mental Health activity groups. He stated "No! that is not me, I'm not into that!"	
		O. very angry, alert	
		A. unmotivated	
		P. Activity therapist will encourage inmate to participate in Mental Health activities slowly.	
10.26.04	2:10 PM	Review inmate chart to prepare for tx & inmate	J. Arr A7 R.E. Lancaster
11/30/04	1040	⑤ ft reports "I did something I ain't supposed to do" seen in seg Reports bargin w/ins p not getting med in time bargin. PST b/c DA/V killer	
		⑥ Polite, angers easily when describing px	
		⑦ ASD	
		⑧ Encouraged compliance & DOC rules & reg	
12-6-04		⑤ Patient seen in seg. Complaint MWAH of how he is a victim.	
		⑥ Patient is no real progress.	
		⑦ DX AXIS I predominant - Antisocial	
		⑧ will continue to follow — Dr. EEC	
12/14/04		⑤ "Imok" & concerns	
Seen in		⑥ Polite, & appropriate	
sg		⑦ & acute mt issues	
		⑧ Continue monitor support MWAH	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420		B/M	BCCF

Monthly Activities

Date: 11.10.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,
Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,
Understanding Your Treatment Plans, Grief, World News, Reading,
Primary Social Skills, Social Skills, Effective Communication,
Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reliant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. B. King
Signature

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: RANDALL Hampton AIS#: 8226420
Institution: BCCF Date of Disciplinary Report: 10-24-04

Is the inmate currently on the mental health caseload?

If Yes, referred for mental health evaluation/consultation on: #69 - ^{Yes} Destroying, Disposing
DAMAGING OR SELLING STATE PROPERTY

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?
Is the inmate appropriately dressed?
Does the inmate make sense?

Does the inmate know what date it is?
Is inmate able to speak coherently?
Are the inmate's statements logical and organized or unusual?

Does inmate know why he is seeing hearing officer?
Does the inmate avoid eye contact?

Should the inmate be referred for mental health evaluation of competency? Yes No
-- If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: 12-1-04 Date consult returned: 12-1-04

Is the inmate competent to participate in the hearing?
If NO, why is the inmate not competent?

☒ Yes ☐ No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?
If YES, briefly describe the issues:

Yes ☒ No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?
If YES, briefly describe the issues and possible relation to the disposition:

Yes ☒ No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Yes ☒ No

Mental Health Staff Member: Mike Hayes Phone Contact: 132

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?
Have the mental health recommendations been considered?

Yes No
Yes No

Hearing Officer: _____ Date: _____

Inmate Name	AIS #
-------------	-------

ALDOC Form 466-01

5 of 5

AR 466 - December 11, 2001

I was reviewed in the mental health staff meeting and interviewed in the seg unit by me. He can go to disciplinary court

File: h. Perry

Log: MTHM

Mike Hayes

Monthly Activities

Date: 10.20.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,
Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,
Understanding Your Treatment Plans, Grief, World News, Reading,
Primary Social Skills, Social Skills, Effective Communication,
Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. Brown
Signature

Monthly Activities

Date: 12.13.04

IM Name: Randall Hampton AIS#: 2264 20

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,

Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,

Understanding Your Treatment Plans, Grief, World News, Reading,

Primary Social Skills, Social Skills, Effective Communication,

Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/~~reluctant~~/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. B. —
Signature

Monthly Activities

Date: 9.24.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,
Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,
Understanding Your Treatment Plans, Grief, World News, Reading,
Primary Social Skills, Social Skills, Effective Communication,
Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. B. [Signature]
Signature

Monthly Activities

Date: 8.23.04

IM Name: Randall Hampton AIS#: 226420

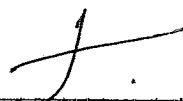
Was offered the following recreational activities during the month of:

Western, Reality Orientation, Music Therapy, Expressive Art,
Creative Writing, Movies, S.A.S. Group, ADL, Depression, Choir,
Understanding Your Treatment Plans, Grief, World News, Reading,
Primary Social Skills, Social Skills, Effective Communication,
Gospel/80's, Open Recreation, Mental Stimulation, Bingo,

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.



Signature

Monthly Activities

Date: 7.12.04

IM Name: Randall Hampton AIS#: 226420

Was offered the following recreational activities during the month of:

Open Recreation, Mental Stimulation, Bingo, Western, Reality

Orientation, Conflict Resolution, Music Therapy, Movies,

S. A. S. Group, ADL, Depression, Mental Health Education,

Understanding Your Treatment Plans, Grief, Primary Social

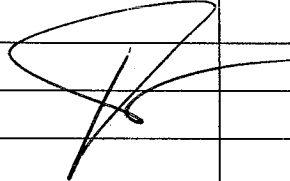
Skills, Effective Communication, Gospel/80's, Anger Management.

His level of participation was generally *active/marginal/reluctant/resistant/refused to participate* in the previously mentioned group(s). This is *consistent/inconsistent* with his use of recreational services to date. Affect was generally *angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad*. Mood appeared *angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent*. Hygiene was *good/WNL/poor*. IM was generally *on time/late*. General appearance was *Neat/WNL/Disheveled/Shabby*. Speech was generally *clear/mumbling/slurred/unintelligible*. Interpersonal interactions were generally *relevant/irrelevant/insightful/superficial/confrontational/Indifferent/no interaction*.

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation *will be/has been* communicated to his treatment team.

J. Brung
Signature

DATE	TIME	NOTES	SIGNATURE
07/08/04	10 ²² pm	<p>S - Brought to Infirmary by Doc.</p> <p>O - Alert/oriented H B</p> <p>A - Superficial abrasion noted to right pinky. Dennis made indications.</p> <p>P - Washed soap/water.</p> <p>② Left to see any 3H Bandages</p> <p>③ Off suicide Watch & return to Reg as per 3H Bandages</p>	<i>Robert H. Williams</i>
7/14/04		<p>S) Seen in Sq.</p> <p>O) Voices no explicit - calm + phb.</p> <p>A/p no chg.</p>	
070704	1010	<p>⑤ Pt here i/cd problems e "clown-mates" "somethin' about to jump-off in there" Would rather return to sq than stay in clowns 1-4</p> <p>Denies voices, or MH s/s.</p> <p>⑥ Angry, organized</p> <p>⑦ Complaints R/T DDC</p> <p>Severe PD</p> <p>No obvious Axi I & O</p> <p>⑧ D/W DDC - pt referred to Sgt Perry</p> <p>Encouraged pt to continue to follow rules/reg to avoid sq</p>	<i>MD Blackup</i>

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
<i>Hampton, Ronald</i>	<i>276400</i>	<i>10/15/83</i>	<i>B</i>	<i>BCEF</i>

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
		<p>S) Head & Apparatus in Sy. Standby on Sink Trench to fall off + pull / knock - Heel T-Shirt tight to form noose O) Angry, Defiant, Denial A) Severe Axis II PD P) Head 5 in - Place in Spt rest + water Col in 1st a small watch (Trench to fall off Dashed on his head when he has done in the past)</p>	
7/8/04		<p>S) Trapped head to Sy. Part MCHT (SPACE) Now head in head against the wall O) As before A/P return to 1st + Place in Spt rest + until calm - for prevention of Self-harm.</p>	
7/8/04		<p>- S) DT per Station 1st view before O) not right A) Babul Pelt P) Return to Sy off Small watch</p>	<p>MHM Correctional Services Dr. Bill Sanders</p>

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
HARRINGTON, RANDALL	226420	21	BK	BCC

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S

SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC				ALLERGIES	
DATE/TIME 01/16/04 10:00 pm				NKA	
O: VS T 20.8 P 68 R 10					
BP 120/72 WT 158					
REVIEW OF NURSES CCC RECORD					
YES NO					
Neurological exam: none					
Nystagmus					
Pupils					
Reflexes					
Description of last SZ activity: tonic-clonic				P: LABS 02	
Treatment Goals					
Stabilization of seizure					
ORDERS:					
Notes: Seizure activity: <u>Controlled</u> Uncontrolled (circle one)					
Compliance					
MEDICATION: phenytoin, tegretol					
STATUS: (circle) IMPROVED, UNCHANGED, WORSENERD.					
CONTROL LEVEL: (circle) GOOD, FAIR, POOR					
CCC WITH NURSE (circle) 1, 2, 3 MONTHS.					
CCC WITH MD (circle) 1, 2, 3, 4, 5, 6 MONTHS.					
EDUCATION DONE TOPIC		Y N Inmate Boeravari			
INMATE NAME		NUMBER		AGE	RACE/SEX
Hampton, Randal		226420		20	Bm
SIGNATURE					

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
Unchanged—The frequency of seizures has remained the same
Worsened—The number of seizures has increased

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: RANDALL HAMPTON AIS#: B/226420
Institution: BCCF Date of Disciplinary Report: 5-4-04

Is the inmate currently on the mental health caseload? Yes
If Yes, referred for mental health evaluation/consultation on: #62, Intentionally
Creating a Security, Safety or Health Hazard

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?
Is the inmate appropriately dressed?
Does the inmate make sense?

Does the inmate know what date it is?
Is inmate able to speak coherently?
Are the inmate's statements logical and organized or unusual?

Does inmate know why he is seeing hearing officer?
Does the inmate avoid eye contact?

Should the inmate be referred for mental health evaluation of competency? Yes No
-- If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: _____

Date consult returned: _____

Is the inmate competent to participate in the hearing?
If NO, why is the inmate not competent?

Yes No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?
If YES, briefly describe the issues:

Yes No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?
If YES, briefly describe the issues and possible relation to the disposition:

Yes No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Yes No

Mental Health Staff Member: John T. Ford, Psy. D. Phone Contact: 109

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?
Have the mental health recommendations been considered?

Yes No
Yes No

Hearing Officer: _____ Date: _____

Inmate Name	AIS #
ALDOC Form 466-01	

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT**

Educational Assessment

Highest Grade Completed: _____
☐ Able to Read ☐ Able to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: 20 ☒ Appears Stated Age ☐ Appears Younger ☐ Appears Older
 Dress/Grooming: ☐ Appropriate ☒ Marginal ☐ Disheveled ☐ Bizarre
 Posture: ☒ Unremarkable ☐ Rigid ☐ Stooped
 Facial: ☒ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☐ Sad
 Eyes: ☒ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact
 Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
 ☐ Agitation ☐ Tremors ☐ Tics
 General Attitude/Behavior: ☒ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative
 ☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile
 Mood / Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
 ☐ Blunt ☒ Inappropriate ☐ Constricted
 Speech / Communication: ☒ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☒ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive
 Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☒ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☒ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified
 Abstract Thinking: ☐ Unimpaired ☐ Concrete
 Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other _____
 Hallucinations: ☐ None ☒ Auditory ☐ Visual ☐ Olfactory ☐ Tactile
 Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory
 Insight / Judgment: ☒ Unimpaired ☐ Poor Judgment ☐ Poor Insight
 ☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: S. Anderson RN Date: 6/20/04

☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Page 2 of 2

Inmate Name <u>Hampton, Randall</u>	AIS # <u>226420</u>
--	------------------------